



August 15, 2001

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1898-1978

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1905-1979

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John C. Seftor, D.O.

RE: FDA - Time-Released Narcotic Pain Medication
To Whom It May Concern:

I am a 58-year-old orthopaedist practicing in Harford County Maryland since 1975. I am still engaged in a daily, active, general orthopaedic practice. However, over the past 12 to 15 years a significant percentage of my practice, approximately 20% to 25%, has consisted of chronic pain patients, primarily orthopaedically related for the neck, back, extremities, etc. There are multiple factors that account for this. In the past, my partner and I did a great number of neck and back surgeries and we have a longstanding chronic patient population on the basis of these problems, and because of our willingness to see neck and back patients. In addition, I have always had an interest in pain management since my early days in medical school where I had as one of my instructors Dr. Melzack who was one of the pioneers in pain theory.

In any event, in the past 5 to 10 years, I have found great usefulness in the time-released narcotics such as Oxycontin, MS Contin as well as with the Duragesic Patch and on many occasions, Methadone both because of the patient's lack of response to the other medications and also because of the Methadone's low cost.

I find these medications a very valuable treatment modality and I have attended many courses on their use and control. I see the patients that take these medications on a regular basis. They are to get their medication only from me and we keep quite close track of how this is dispensed.

I urge you not to remove this very valuable tool from our armamentarium because of the recent public outcry about Oxycontin. This would do a great disservice to the patients who are benefiting from these medications, both with regard to the control of their pain as well as allowing them to enjoy an increased quality of life and to be more functional in their daily activities.

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I do not feel that this group of patients, who are so often either ignored or shunted to the side both by their primary care physicians and treating specialist because they are both therapeutically frustrating and medically and legally intimidating, should have to pay for the indiscretions and poor judgment of others.

Certainly, I do see patients who from time to time do manage to fool me, at least for a period of time, but ultimately, they reveal themselves by their bizarre behavior or they are revealed by their family or friends.

In my particular practice setting, this constitutes a small percentage of the patients receiving any of these medications and it would be a great disservice to the large majority who are taking these medications conscientiously and compliantly and are obtaining benefit from them which they could not obtain from other medications such as non-steroidal anti-inflammatory or short-acting analgesics.

I hope that you will give this letter every consideration in making your judgement.

Sincerely,

Vincent M. Osteria, M.D.

VMO:cha

Dictated but not read.